

<b>Case Number:</b>	CM15-0141376		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	03/04/2009
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old male who sustained an industrial injury on 3-4-09. The injured worker was diagnosed as having thoracic lumbosacral neuritis radiculitis unspecified, pain in joint shoulder region, lumbago, degeneration lumbar lumbosacral intervertebral disc, sacroiliitis not elsewhere classified, primary localized osteoarthritis shoulder region and unspecified myalgia and myositis. Currently, the injured worker reported pain in the right shoulder, low back with radiation to the right lower extremity and right foot. Previous treatments included a right shoulder injection, heat, massage, bilateral radiofrequency ablation of medial branch nerves L3 to L5 (September 2014), oral pain medication and topical analgesics. The injured workers shoulder pain level was noted as 10 out of 10 at its worst and 5 out of 10 at its least. The injured workers low back pain level was noted as 10 out of 10 at its worst and 9 out of 10 at its least. Physical examination was notable for bilateral sacroiliac joint right and left sided pain, limited range of motion secondary to increased pain, tenderness over the L1 and L4 lumbar spinous process and interspaces, moderate tenderness over lumbar faces joints at L1 to L4. The plan of care was for Pantoprazole 20 milligrams quantity of 60 (retrospective DOS not provided) and Gabapentin 800 milligrams quantity of 90 (retrospective DOS not provided).

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Pantoprazole 20 mg Qty 60 (retrospective DOS not provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors, NSAID, gastrointestinal risk, (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

**Gabapentin 800 mg Qty 90 (retrospective DOS not provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) (Effective July 18, 2009) Page(s): 16-21.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is only minimal analgesic benefit and no documentation of specific objective functional improvement. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.